

**(e) The Montana Ambulance Fee Schedule**

The Montana Ambulance Fee Schedule is based on data in the Centers for Medicare and Medicaid Services (CMS) "2008 Ambulance Fee Schedule PUF Final," but contains only workers' compensation (WC) reimbursement rates and calculations for Montana.			
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Reimbursement rates in this fee schedule remain unchanged until the next revision of this fee schedule section referenced in the Administrative Rules of Montana.

(1) HCPCS	(2) WC URBAN BASE RATE	(3) WC RURAL BASE RATE	(4) WC MILES	(5) Explanation of Service Mode
A0425	\$9.95	\$9.95	\$12.45	GROUND MILEAGE, PER STATUTE MILE
A0426	\$339.61	\$339.61	n/a	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS)
A0427	\$537.70	\$537.70	n/a	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1
A0428	\$283.00	\$283.00	n/a	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)
A0429	\$452.80	\$452.80	n/a	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)
A0430	\$3,876.58	\$5,814.86	n/a	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)
A0431	\$4,507.07	\$6,760.62	n/a	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)
A0432	\$495.24	\$495.24	n/a	PARAMEDIC INTERCEPT (PI), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER
A0433	\$778.24	\$778.24	n/a	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)
A0434	\$919.74	\$919.74	n/a	SPECIALTY CARE TRANSPORT (SCT)
A0435	\$11.92	\$17.89	\$17.89	FIXED WING AIR MILEAGE, PER STATUTE MILE
A0436	\$31.78	\$47.66	\$47.66	ROTARY WING AIR MILEAGE, PER STATUTE MILE
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